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Sowing Seeds of Food Sovereignty: Reflections from Rosebud

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Abstract

A pediatric resident physician who completed a clinical rotation on the Rosebud Indian Reservation explores the health challenges faced by the Sicangu Lakota Oyate. There are multiple upstream factors that impact the health of people living in Rosebud including access to healthcare, transportation, historical trauma, and health disparities. Access to affordable, healthy food options is also an issue on the reservation. Movements are taking hold in Rosebud in an effort to create healthier, culturally appropriate, sustainable and accessible nutrition options by, and for, the Sicangu Lakota Oyate. The pediatric resident describes food sovereignty and grassroots initiatives on the reservation.

As I left Saint Paul and made my way out to Rosebud in the south central part of South Dakota, the buildings got farther and fewer in between. The landscape slowly changed from trees and lakes to more rolling hills and plains, as the sky seemed to get bigger. The Rosebud Indian Reservation is home to the Sicangu Lakota Oyate, also known as the Rosebud Sioux Tribe. It is 1 of 573 federally recognized tribes and villages in the United States. The reservation spans over 1000 square miles and consists of 20 different communities. The Sicangu Lakota Oyate are part of the Great Sioux Nation. I passed the miles listening to *Bury My Heart at Wounded Knee* by Dee Brown on audiobook and thinking about what my medical rotation in Rosebud would entail. I would soon learn that the month would be filled with examples of how culture, values, and historical context shape a person's health -- and just how imperative it is to keep this in mind when working with patients in our healthcare system.

Once I arrived there in my role as a pediatric resident, I spent my days working in a pediatric clinic in addition to experiencing home visits with public health nurses. Each patient encounter was as impactful as the next as people shared their stories of health complexities. Residents are trained to learn about pathophysiology of disease and medications that can be used to "fix" a patient's symptoms. Practicing in Rosebud highlighted the importance of recognizing systemic issues that impact a person's health and well-being. Looking upstream for the factors that influence a person's health is key to understanding the whole picture - not just the glimpse you see in the clinic or hospital. For many people living on the Rosebud reservation, historical trauma and health disparities are among the top

factors that impact their well-being. Access to healthcare is challenging on the reservation, oftentimes people have to drive 30-40 minutes to a hospital. Some of the most prominent examples of health disparities in Rosebud arise from the repercussion of changes in the food system of the Lakota people. A large number of children experience obesity at a young age and pre-diabetes is prevalent in teenagers. Parents frequently shared stories in clinic of how it is difficult to access healthy and affordable food options. This challenge becomes immediately evident when going on home visits. Similar to healthcare access, oftentimes communities are a 30-minute car ride from the nearest grocery store.

On a day out with some of the public health nurses, we stopped at the Tree of Life Relief, which is a community center that provides food and clothing for people in need. Walking up to the center, it became apparent to me that "the Tree" was not a standard soup kitchen. People were chatting and mingling outside, the cooks were interacting with the guests. There were smiles and laughter and the sense of community was palpable. As we set up to administer flu vaccines, the nurses described that the Executive Director, Linda Vargas-Garriot, had worked hard to specifically establish this sense of community, a central aspect of traditional Lakota culture. Everyone in town contributes what they can and take what they need. Linda explained to me that meals are shared with whoever is willing to share time rather than money. Traditionally, the Lakota people relied heavily on the sense of community and the tribe worked as a group to find food, shelter and to meet other basic needs. This sense of togetherness is still relevant at the Tree of Life. Linda is at the heart of this movement in Rosebud. She is facilitating tribe members' ability to connect with their community in her space. In addition to this community, she is reinvigorating the Lakota food movement. Her immediate goals for the Tree of Life are to continue with its community garden and to construct a greenhouse so food can be produced throughout the year for the Tree. Her love for her community is evident in the way she talks about food and education. She has a special garden dedicated to traditional Lakota foods and has a particular passion for teaching children about these foods. She emphasizes the importance of being with the plants and interacting with them, a reminder of the Lakota's reverence for the earth.

The Tree of Life organization is at the root of the food sovereignty initiative in Rosebud. Food sovereignty is defined as "the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods and their right to define their own food and agriculture systems."¹ The Lakota tradition is consistent with reverence and respect for food in that it is sacred and sustains life. Traditional Lakota diet is deeply interwoven with knowledge about the environment and how to sustain its plants and animals. Traditional Lakota foods include a variety of fruits and vegetables in combination with healthy meat protein. Buffalo berries, chokecherries, black and gold currants, prairie plums and rosehips are just a few of the plants traditionally utilized by the tribe. Bison were

essential to Lakota survival; there are numerous ways to describe a bison, or "pte" in the Lakota language, that identify them by the specific qualities that they possess. These foods are seen interwoven throughout Rosebud from Tree of Life lunches, to other community events, to gatherings in people's homes. After the Treaty of Fort Laramie², land and resources were taken from the Lakota people. Along with that land, generational knowledge of how to live with the land utilizing the above foods has faded. This injustice, along with the implementation of the food commodity system, has shifted the average diet of the Lakota people. However, initiatives to restore this traditional knowledge and build a more sustainable and culturally responsible food system, such as future works at the Tree, are taking hold.

There are multiple other examples of food sovereignty work in Rosebud. The Sicangu Food Sovereignty Initiative through RedCo (the Rosebud Economic Development Corporation) is "designed to increase local cultivation and consumption of healthy foods."³ Their work includes a large community garden with an eco-friendly geothermal greenhouse, weekly recipe sampling at the local grocery store and a farmers' market in the warmer months. There is also a community greenhouse at Sinte Gleska University that provides the community with thousands of pounds of fresh food each year. Each of these organizations highlight the importance of the role food plays in Rosebud's health, tradition, culture, economy and overall well-being.

On my drive back to Saint Paul, I reflected on the gratitude I had for what I learned from the Sicangu Lakota Oyate. Between my clinic visits and meeting people in the community, a month was merely enough to touch the tip of the iceberg when it comes to beginning to understand Lakota values, culture, health and overall wellness. This rotation gave me the opportunity to learn about a beautiful culture in addition to the importance of advocacy and speaking up for children's health as a pediatrician. In Rosebud, I learned about the health challenges that Native communities face in a health system that the U.S. Federal Government has implemented. While on this rotation, I was able to spend time digging deeper and attempted to understand the role that the food system plays in a person's health picture. Attention to problems such as food insecurity is the first step, and the next is forming ideas about how to mitigate these issues and help be part of the solution. The food sovereignty initiative in Rosebud is just one of many ways people are supporting Lakota health and culture. In addition to the importance of advocacy I learned that as with all cultures, roots of Lakota health run much deeper than what could ever be assessed in a well child visit. A whole person approach is necessary in any medical setting. A pediatrician (or any physician for that matter) cannot fully understand a patient's physical health before taking time to understand their life outside of the clinical environment. Learning about pathophysiology and pharmacology is necessary, but understanding the factors that play a key role in one's well being and whole-person health is equally vital. The intricacies of well-

being are interwoven with so many components, as seen in Rosebud; it is difficult to capture the whole story. However, attempting to do so with each visit, is the beginning of whole person healthcare.

Acknowledgments

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Disclosure statement

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Faculty Note

American Indian/Alaska Native (AI/AN) communities continue to face substantial and disproportionate health disparities in the United States. In many parts of the country, both urban and rural, such disparities are compounded by shortages of health care professionals who possess knowledge of the social determinants of health resonant within AI/AN communities. As such, it remains a duty of academic health centers to both address underrepresentation of AI/AN individuals in medical training, and to increase knowledge of health inequities faced by AI/AN communities among all trainees. Community-based educational partnerships between AI/AN communities, Native American health centers, and academic health centers provide an important opportunity for collaboration toward addressing health disparities. In this article, Dr. Bruce discusses the impact of an early community-based partnership on her development as a pediatrician. Her time spent on the Rosebud reservation in South Dakota, with the guidance of local health leaders, provided important contextual understanding of health care disparities particular to the Sicangu Lakota Oyate, but also those faced by many AI/AN communities in the United States. And, as most hoped for through such a collaboration, the knowledge passed to her will help her better serve AI/AN communities as she moves into her career as a pediatrician. Indeed, as she eloquently notes, "roots of Lakota health run much deeper than what could ever be assessed in a well-child visit."

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